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This *Journal*, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary and allied disorders, and review articles, correspondence, and abstracts.

Advice to authors Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A McMillan, Department of Genitourinary Medicine, Royal Infirmary, Lauriston Place, Edinburgh EH3 9YW. All authors must give signed consent to publication. The editor should be notified of any change of address of the corresponding author. Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed.

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(3) *The title* of the paper should be as brief as possible.

(4) *The number of authors* should be kept to the minimum, and only their initials and family names used.

(5) *Only the institution(s)* where work was done by each author should be stated.

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(7) *Only recognised abbreviations* should be used.

(8) *Acknowledgements* should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

(9) *Figures* should be numbered in the order in which they are first mentioned, referred to in the text, and provided with captions typed on a separate sheet. (*Diagrams*: use thick, white paper and insert lettering lightly in pencil. *Photographs*: should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (sizes 2 3/4" or 5 3/4" wide, maximum 5 3/4" x 7") to eliminate the need for reduction. Photomicrographs must have internal scale markers. X ray films should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.

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Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

Second world congress on sexually transmitted diseases (STDs)

The second world congress on sexually transmitted diseases (STDs) will be held at the Centre International de Congres de Paris (CIP), Porte Maillot, Paris, from 25 to 29 June 1986 under the patronage of the World Health Organisation and the International Union against Venereal Diseases and the Treponematoses. The general theme will be "STDs and their social and economic consequences".

For further information concerning registration, travel arrangements, hotels, etc, please contact the Commissariat General, 4 Villa d'Orleans, 75014 Paris, France.

Fourth international forum of andrology

The fourth international forum of andrology will be held on Thursday and Friday, 19 and 20 June 1986 at the Hotel Intercontinental, 3 rue de Castiglione, 75001 Paris, France.

Topics will be: prostatitis, acute and chronic; male contraception; male sterility, hormonal causes; and what's new in andrology (posters). Final programme will be available in May 1986. Official languages are French and English (simultaneous translations).

For further information please contact Professor G Arvis, Department of Andrology and Urology, Hopital Saint-Antoine, 184 rue du Faubourg Saint-Antoine, F-75012 Paris, France. Tel: 43 43 73 40 or ARVIS 250 303 Public Paris.

The 24th British congress of obstetrics and gynaecology

The 24th British congress of obstetrics and gynaecology will be held in Cardiff, United Kingdom from 15 to 18 April 1986. The scientific programme will comprise main sessions of invited contributions and selected papers, seminars of submitted papers, and subsidiary sessions of posters, films, and videos. A full and varied social programme is also planned.

The preliminary programme and registration and abstract forms may be obtained from the congress office, Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London, NW1 4RG.

Correction

The value of haematological screening for AIDS in an at risk population

The name of the third author of this report (October 1985, p 325) was H J H Engelkens and not H Engelkins.

List of current publications

These selected abstracts and titles from the world literature are arranged in the following sections:

Syphilis and other treponematoses

Gonorrhoea

Non-specific genital infection and related disorders (chlamydial infections)

Non-specific genital infection and related disorders (mycoplasma and ureaplasma infections)

Non-specific genital infection and related disorders (general)

Reiter's disease

Candidosis

Genital herpes

Genital warts

Acquired immune deficiency syndrome

Other sexually transmitted diseases

Genitourinary bacteriology

Public health and social aspects

Miscellaneous

Syphilis and other treponematoses

Enriched immune T cell suspension protects rabbits against infection with *Treponema pallidum*

W SMOGÓR AND M METZGER (Wrocław, Poland).

Arch Immunol Ther Exp (Warsz) 1984;32:685-8.

Investigation of the activity of thiamphenicol in early stage syphilis

M POITEVIN AND P COLLART (Paris, France). *Path Biol (Paris)* 1985;33:444-9.

Proceedings of the international symposium on yaws and other endemic treponematoses. Held at the Pan American Health Organisation, Washington DC, 16-18 April 1984.

JP BURKE, DR HOPKINS, JC HUME, PL PERINE, R St JOHN, eds. *Rev Infect Dis* 1985;7(suppl 2).

Gonorrhoea

Proctitis associated with *Neisseria cinerea* misidentified as *Neisseria gonorrhoeae* in a child

JH DOSSETT, PC APPLEBAUM, JS KNAPP, PA TOTTEN (Seattle, USA). *J Clin Microbiol* 1985;21:575-7.

Evaluation of a rapid identification method for *Neisseria* spp.

JJ GERMER AND JA WASHINGTON (Rochester, USA). *J Clin Microbiol* 1985;21:987-8.

Construction and characterization of chimeric β -lactamase plasmids of *Neisseria gonorrhoeae* with altered ability to be mobilized during conjugation

FC TENOVER, DC STEIN, FE YOUNG, VL CLARK (Rochester, USA). *Sex Transm Dis* 1985;12:76-82.

Variation of *Neisseria gonorrhoeae* protein II among isolates from an outbreak caused by a single gonococcal strain

RS SCHWALBE, PF SPARLING, JG CANNON (Chapel Hill, USA). *Infect Immun* 1985;49:250-2.

Genomic fingerprinting in the epidemiology of gonorrhoea

ES FALK, D DANIELSSON, B BJORVATN, K MELBY, B SORENSEN, B-E KRISTIANSEN (Tromsø, Norway). *Acta Derm Venereol (Stockh)* 1985;65:235-9.

Genetic analysis of spontaneous resistance to ampicillin in *Neisseria gonorrhoeae*

F JONES, EJ CUNNINGHAM, TE SHOCKLEY, JH JACKSON (Nashville, USA). *Antimicrob Agents Chemother* 1985;28:21-7.

Differentiation of fluorinated quinolone antibacterials with *Neisseria gonorrhoeae* isolates

SR ROHLFING, JE LANDMESSER, JF GERSTER, SE PECORE, RM STERN (St Paul, USA). *J Antimicrob Chemother* 1985;15:539-44.

Effectiveness of aztreonam for the treatment of gonorrhea

A GOTTLIEB AND J MILLS (San Francisco, USA). *Antimicrob Agents Chemother* 1985;27:270-1.

Non-specific genital infection and related disorders (chlamydial infections)

Chlamydial endometritis

J PAAVONEN, R AINE, K TEISALA, ET AL (Tampere, Finland). *J Clin Pathol* 1985;38:726-32.

Periappendicitis and chlamydial salpingitis

P-A MÅRDH AND P WOLNER-HANSEN (Seattle, USA). *Surg Gynecol Obstet* 1985;160:304-6.

Chlamydial ophthalmia neonatorum

HR HARRISON (Atlanta, USA). *Am J Dis Child* 1985;139:550-1.

***Chlamydia trachomatis* isolation in patients with endometritis after cesarean section**

JD BLANCO, KC DIAZ, KA LIPSCOMB, D BRUUN, RS GIBBS (San Antonio, USA). *Am J Obstet Gynecol* 1985;152:278-9.

Detection of *Chlamydia trachomatis* in the vaginal vault of women who have had hysterectomies

SE BARTON, BJ THOMAS, D TAYLOR-ROBINSON, D GOLDMEIER (London, England). *Br Med J* 1985;291:250.

***Chlamydia trachomatis* in the pharynx and rectum of heterosexual patients at risk for genital infection**

RB JONES, RA RABINOVITCH, BP KATZ, ET AL (Indianapolis, USA). *Ann Intern Med* 1985;102:757-62.

Prevalence of chlamydial eye infection in patients attending an eye clinic, a VD Clinic and in healthy persons

R RÖNNERSTAM, K PERSSON, H HANSSON, K RENMARKER (Malmö, Sweden). *Br J Ophthalmol* 1985;69:385-8.

The value of recent methods for the diagnosis of chlamydial infections

F CATALAN (Paris, France). *Ann Biol Clin (Paris)* 1985;43:157-61.

Investigation into the value of Papanicolaou stained cervical smears for the diagnosis of chlamydial cervical infection

GE FORSTER, I COOKEY, PE MUNDAY, ET AL (London, England). *J Clin Pathol* 1985;38:399-402.

The use of the Papanicolaou stained (Pap) smear for screening chlamydial infection of the cervix is an attractive proposition because of the simplicity and availability of the technique. This technique is, however, of low sensitivity and specificity, as shown by many other workers and further confirmed by this study. Thus of 45 women who were chlamydia positive by isolation and or by detecting elementary bodies with fluorescein labelled monoclonal antibodies, only six (13%) had Pap smears showing the presence of intracytoplasmic inclusions suggestive of chlamydial infection. Of 76 chlamydia negative women, 10 had similar positive smears. The false positive smears were attributed to aggregates of bacteria, cell debris, or other artefacts simulating chlamydial inclusions. The authors also showed that the sensitivity did not increase by modifying the Pap smears to include endocervical material and that destaining and restaining the smears with monoclonal antibodies was not sufficiently sensitive or specific.

B T Goh

Immunoperoxidase localization of chlamydial antigens in acute salpingitis

B WINKLER, W REUMANN, M MITAO, L GALLO, RM RICHART, CP CRUM (New York, USA). *Am J Obstet Gynecol* 1985;152:275-8.

Triple-culture tests for diagnosis of chlamydial infection of the female genital tract

EMC DUNLOP, BT GOH, S DAROUGAR, R WOODLAND (London, England). *Sex Transm Dis* 1985;12:68-71.

A comparison of the in-vitro activity of antimicrobials against *Chlamydia trachomatis* examined by Giemsa and a fluorescent antibody stain

SJ HOW, D HOBSON, CA HART, E QUAYLE (Liverpool, England). *J Antimicrob Chemother* 1985;15:399-404.

Inhibition of growth of *Chlamydia trachomatis* by nonoxynol-9 in vitro

S BENES AND WM MCCORMACK (New York, USA). *Antimicrob Agents Chemother* 1985;27:724-6.

An in-vitro investigation of synergy and antagonism between antimicrobials against *Chlamydia trachomatis*

SJ HOW, D HOBSON, CA HART, RE WEBSTER (Liverpool, England). *J Antimicrob Chemother* 1985;15:533-8.

Inhibition of growth of *Chlamydia trachomatis* by human gamma interferon

Y SHEMER AND I SAROV (Beer Sheva, Israel). *Infect Immun* 1985;48:592-6.

In vitro activity of the spermicide nonoxynol-9 against *Chlamydia trachomatis*

JP KELLY, RB REYNOLDS, S STAGNO, WC LOUV, WJ ALEXANDER (Birmingham, USA). *Antimicrob Agents Chemother* 1985;27:760-2.

Non-specific genital infection and related disorders (mycoplasma and ureaplasma infections)

A prospective study of microbial infection in stillbirths and early neonatal death

PA QUINN, J BUTAN, M CHIPMAN, J TAYLOR, W HANNAH (Toronto, Canada). *Am J Obstet Gynecol* 1985;151:238-49.

The authors assessed 33 cases of pregnancy loss (28 stillbirths at 20-42 weeks and five neonatal deaths within 48 hours) and a control group of 31 normal deliveries, to see if they could find an association between infection and perinatal death. A morphological cause of death was found in five cases. Infection was said to be suggested by the presence of inflammation on histological examination of the lungs, placenta, and other fetal organs, by the isolation of micro-organisms (bacteria, mycoplasmas (*Mycoplasma hominis*, *Ureaplasma urealyticum*), chlamydiae, and

viruses) or antibodies to the same micro-organisms, or by a clinical history of fever. "Significant" associations were found between the presence of infection as defined above and perinatal death. In addition, inflammation was associated with the presence of mycoplasmas (shown by culture or serology, or both).

There are, however, several drawbacks to this study, which a liberal sprinkling of statistical probability values to five and six places of decimals does not overcome. The study group was very small so that the various criteria for infection and different micro-organisms had to be lumped together to produce any statistics at all. In addition, there were major differences between the control group and the perinatal death group. Forty eight per cent of the latter had had a previous pregnancy loss compared with 3% of the normal delivery group. More importantly, one third of the perinatal death group had prolonged rupture of the membranes compared with none of the control group as this was one of the exclusions for entry into the study. One wonders whether the increased presence of micro-organisms, particularly mycoplasmas, and the presence of chorioamnionitis (whether or not due to micro-organisms) may be related to the above differences. Finally, there is no way of telling whether infection is a cause of death or just incidental to it.

D A Hawkins

Urethral isolation of the genital mycoplasmas and *Chlamydia trachomatis* in women with chronic urologic complaints

RC BUMP AND WE COPELAND (Columbus, USA). *Am J Obstet Gynecol* 1985;152:38-41.

Non-specific genital infection and related disorders (general)

Prevalence and manifestations of endometritis among women with cervicitis

J PAAVONEN, N KIVIAT, RC BRUNHAM, ET AL (Seattle, USA). *Am J Obstet Gynecol* 1985;152:280-6.

Norfloxacin in prostatitis: correlation between HPLC tissue concentrations and clinical results

M BOLOGNA, L VAGGI, D FLAMMINI, G CARLUCCI, CM FORCHETTI (L'Aquila, Italy). *Drugs Under Experimental and Clinical Research* 1985;11:95-100.

Reiter's disease

Seronegative spondyloarthropathies in lone aortic insufficiency

S QAIYUMI, ZUI HASSAN, E TOONE (Richmond, USA). *Arch Intern Med* 1985;145:822-4.

Candidosis

Suppressor T cells role in the unresponsiveness to *Candida albicans* in chronic mucocutaneous candidiasis

V BARNABA, C ZACCARI, M LEVRERO, F BALSANO (Rome, Italy). *Boll Ist Sieroter Milan* 1985;64:126-30.

Systemic absorption and persistence of tioconazole in vaginal fluid after insertion of a single 300-mg tioconazole ovule

ET HOUANG AND AG LAWRENCE (London, England). *Antimicrob Agents Chemother* 1985;27:964-5.

Genital herpes

Anicteric presentation of fatal herpetic hepatitis in pregnancy

GL GOYERT, SF BOTTOMS, RJ SOKOL (Detroit, USA). *Obstet Gynecol* 1985;65:585-8.

Two cases of fatal herpetic hepatitis presenting in the third trimester of pregnancy are described. Each woman was previously normal and presented with a one week history of generalised malaise, fever, chills, and pains. There were no specific physical signs, and haematological and biochemical screening initially showed only increased liver enzyme activities. These continued to rise and coagulopathy developed, but there was never any jaundice. Both patients deteriorated rapidly and died within a few days. Necropsy showed massive liver necrosis, and herpes simplex virus (HSV) was cultured from the liver and pharynx of both patients and the rectum of one (no genital cultures are reported). Both babies were delivered by caesarean section and required intensive nursing, and one died. Neither infant showed evidence of HSV infection.

The authors review the eight other published cases of fatal herpes hepatitis in pregnancy and the three in previously

healthy, non-pregnant, non-immunocompromised adults, pointing out the similarity in clinical features and outcomes (maternal morbidity 60%) and emphasising the rarity of jaundice. When caesarean section has been practiced, maternal morbidity has been higher but fetal survival better. Too few cases have been given antiviral treatment to assess its usefulness, but the authors emphasise that using it in time will require clinical vigilance and awareness of the condition.

M Fitzgerald

Lack of oral HSV-2 in a college student population

JJ DOCHERTY, JJ TRIMBLE, SR ROMAN, ET AL (University Park, USA). *J Med Virol* 1985;16:283-7.

Study of properties of the herpes simplex virus strains isolated from patients with the recurrent skin herpes

TB SEMENOVA, TA POSEVAYA, AI VANAG, IF BARINSKII (Moscow, USSR). *Vopr Virusol* 1985;3:93-6.

Serum antibodies to the major HSV-2-specified DNA-binding protein in patients with an acute HSV infection or cervical neoplasia

M LEHTINEN, T LEHTINEN, V KOIVISTO, J PAAVONEN, P LEINIKKI (Tampere, Finland). *J Med Virol* 1985;16:245-56.

Comparison of ELISA with virus isolation for the diagnosis of genital herpes

I ALEXANDER, CR ASHLEY, KJ SMITH, J HARBOUR, A ROOME, JM DARVILLE (Bristol, England). *J Clin Pathol* 1985;38:554-7.

Enzyme-linked immunosorbent assay for determination of antibodies against herpes simplex virus types 1 and 2 in human sera

B HAMPAR, M ZWEIG, SD SHOWALTER, SV BLADEN, CW RIGGS (Frederick, USA). *J Clin Microbiol* 1985;21:496-500.

Comparison of western blot analysis to microneutralization for the detection of type-specific herpes simplex virus antibodies

DI BERNSTEIN, E GARRATTY, MA LOVETT, YJ BRYSON (Los Angeles, USA). *J Med Virol* 1985;15:223-30.

Evaluation of two immunofluorescence assays with monoclonal antibodies for typing of herpes simplex virus

EM SWIERKOSZ, MQ ARENS, RR SCHMIDT, T ARMSTRONG (St Louis, USA). *J Clin Microbiol* 1985;21:643-4.

Genital warts

Condylomatous atypia of the endometrial cavity. Case report

PF ROBERTS AND JC BROWN (Norwich, England). *Br J Obstet Gynaecol* 1985;92:535-8.

Condylomata acuminata in women: the effect of concomitant genital infection on response to treatment

C COOPER AND HSK SINGHA (Southampton, England). *Acta Derm Venereol (Stockh)* 1985;65:150-3.

Human papillomavirus infection and cancer of the uterine cervix

DV COLEMAN AND PI RICHMAN (London, England). *J Pathol* 1985;145:207-12.

Presence and expression of human papillomavirus sequences in human cervical carcinoma cell lines

C YEE, I KRISHNAN-HEWLETT, CC BAKER, R SCHLEGEL, PM HOWLEY (Bethesda, USA). *Am J Pathol* 1985;119:361-6.

Superficial laser vulvectomy. I. The efficacy of extended superficial ablation for refractory and very extensive condylomas

R REID (Detroit, USA). *Am J Obstet Gynecol* 1985;151:1047-52.

Acquired immune deficiency syndrome

Cardiac lesions in acquired immune deficiency syndrome (AIDS)

C CAMMAROSANO AND W LEWIS (Los Angeles, USA). *J Am Coll Cardiol* 1985;5:703-6.

Cutaneous cryptococcosis resembling molluscum contagiosum in a patient with AIDS

MJ RICO AND NS PENNEYS (Miami, USA). *Arch Dermatol* 1985;121:901-2.

Cytomegalovirus esophagitis and gastritis in AIDS

EJ BALTHAZAR, AJ MEGIBOW, DH HULNICK (New York, USA). *Am J Radiol* 1985;144:1201-4.

Gastrointestinal Kaposi's sarcoma in patients with acquired immunodeficiency syndrome: endoscopic and autopsy findings
SL FRIEDMAN, TL WRIGHT, DF ALTMAN (San Francisco, USA). *Gastroenterology* 1985;89:102-8.

Digestive manifestations of the acquired immunodeficiency syndrome: study of 26 patients
E RENÉ, C MARCHE, B RÉGNIER, *ET AL* (Paris, France). *Gastroenterol Clin Biol* 1985;9:327-35.

Diarrhoea and acquired immunodeficiency syndrome
C BORIES, M SALMERON, R MODIGLIANI (Paris, France). *Gastroenterol Clin Biol* 1985;9:354-60.

Hepatic lesions in acquired immunodeficiency syndrome: a study of 20 cases
JF DEVARIS du MAYNE, C MARCHE, C PENALBA, D VITTECOQ, G SAIMOT, M CERF (Colombes, France). *La Presse Médicale* 1985;14:1177-80.

Primary central nervous system lymphoma in homosexual men: clinical, immunologic, and pathologic features
PS GILL, AM LEVINE, PR MEYER, *ET AL* (Los Angeles, USA). *Am J Med* 1985;78:742-8.

Pneumonia in the acquired immune deficiency syndrome
N McI JOHNSON (London, England). *Br Med J* 1985;290:1299-301.

Bronchoalveolar lavage and transbronchial biopsy for the diagnosis of pulmonary infections in the acquired immunodeficiency syndrome
C BROADDUS, MD DAKE, MS STULBARG, *ET AL* (San Francisco, USA). *Ann Intern Med* 1985;102:747-52.

A 'pseudo-AIDS' syndrome following fear from AIDS
D MILLER, J GREEN, R FARMER, G CARROLL (London, England). *Br J Psychiat* 1985;146:550-1.

Unexplained persistent lymphadenopathy in homosexual men and the acquired immune deficiency syndrome
JWM GOLD, CS WEIKEL, J GODBOLD, *ET AL* (New York, USA). *Medicine* 1985;64:203-13.

Paralleling the increase in numbers of patients with AIDS, there has been a rising number of patients with persistent generalised lymphadenopathy (PGL). In this study, 93 homosexual men with PGL were followed up for a mean of 20 (range 3-168) months. All but two patients had a history of previous sexually transmitted disease, and the lymphadenopathy was not due to recognisable infections or neoplastic disease. Most patients exhibited immune dysfunction of varying severity, and a detailed description of these abnormalities is presented in the paper. HLA typing was performed in 60 patients. Twenty one (35%) were DR5 antigen positive. The difference between this and the incidence found among 176 DR typed controls was significant. Antibodies to HTLV-III were found in 77 (92%) of 84 patients tested.

During the period of follow up, 11 patients progressed to full blown AIDS, characterised by Kaposi's sarcoma in seven and opportunistic infection in four. AIDS was more likely to develop in those patients who had symptoms of systemic upset (such as, fever, malaise, night sweats, weight loss). These patients also tended to exhibit a more profound lymphopenia. Lymphadenopathy resolved in six patients. All were positive for antibodies to HTLV-III. The remaining 76 patients remained stable.

This paper supports subsequent evidence suggesting that for most patients PGL carries a relatively good prognosis, at least in the short term. The combination of PGL and systemic symptoms, however, carries a higher risk of disease progression. Most authors would now place such patients in a different diagnostic category; that of AIDS related complex (ARC) in recognition of this poorer prognosis.

G R Scott

Transfusion-associated acquired immunodeficiency syndrome: evidence for persistent infection in blood donors
PM FEORINO, HW JAFFE, E PALMER, *ET AL* (Atlanta, USA). *N Engl J Med* 1985;312:1293-6.

AIDS serology testing in low-and high-risk groups
JR CARLSON, ML BRYANT, SH HINRICHS, *ET AL* (Davis, USA). *JAMA* 1985;253:3405-8.

Antibody to human T-lymphotropic virus type III in wives of hemophiliacs: evidence for heterosexual transmission
JK KREISS, LW KITCHEN, HE PRINCE, CK

KASPER, M ESSEX (Seattle, USA). *Ann Intern Med* 1985;102:623-6.

Prevalence of antibody to human T-lymphotropic virus type III by risk group and area, United Kingdom 1978-84
PP MORTIMER, WJ JESSON, EM VANDERVELDE, MS PEREIRA (London, England). *Br Med J* 1985;290:1176-8.

Rising prevalence of human T-lymphotropic virus type III (HTLV-III) infection in homosexual men in London
CA CARNE, IVD WELLER, S SUTHERLAND, *ET AL* (London, England). *Lancet* 1985;i:1261-2.

The authors estimated the prevalence of antibody to HTLV-III in 153 unselected homosexual and bisexual men attending a London sexually transmitted disease clinic during one week in March 1982 and in a similar unselected group attending the same clinic in one week in June 1984. There was no difference in age or demographic characteristics between the two groups studied. Ten (6.5%) of the 1982 group and 33 (21.6%) of the 1984 group were seropositive for antibodies to HTLV-III. Among the British men the prevalence of antibodies to HTLV-III rose from 3.7% (4/107) in 1982 to 21.0% (26/124) in 1984. Notably, the prevalence of hepatitis B virus (HBV) infection in 1982 (40.5%) was not different from that in 1984 (50.3%). Antibody to the core antigen of HBV was, however, significantly associated with antibodies to HTLV-III seropositively in 1985 (p 0.0001).

The authors conclude that HTLV-III was an initially imported but now endemic sexually transmitted infection in the United Kingdom, and therefore predict that (as of July 1984) at least 2600 homosexual men in London would already have been exposed to the virus.

F Mulcahy

Decreased helper T-lymphocytes in homosexual men. I. Sexual contact in high-incidence areas for the acquired immunodeficiency syndrome
JJ GOEDERT, RJ BIGGAR, DM WINN, *ET AL* (Bethesda, USA). *Am J Epidemiol* 1985;121:629-36.

Decreased helper T-lymphocytes in homosexual men. II. Sexual practices
JJ GOEDERT, RJ BIGGAR, DM WINN, *ET AL* (Bethesda, USA). *Am J Epidemiol* 1985;121:637-44.

List of current publications

Immune complexes in the acquired immunodeficiency syndrome (AIDS): relationship to disease manifestation, risk group and immunologic defect
JS McDUGAL, M HUBBARD, JKA NICHOLSON (Atlanta, USA). *J Clin Immunol* 1985;5:130-8.

Detection of coronavirus-like particles in homosexual men with acquired immunodeficiency and related lymphadenopathy syndrome
P KERN, G MÜLLER, H SCHMITZ, ET AL (Hamburg, Federal Republic of Germany). *Klin Wochenschr* 1985;63:68-72.

Serum lactate dehydrogenase levels in adults and children with acquired immune deficiency syndrome (AIDS) and AIDS-related complex: possible indicator of B cell lymphoproliferation and disease activity: effect of intravenous gammaglobulin on enzyme levels
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